

\$10.00 fee for each certified record
Quantity: _____

JENNINGS COUNTY HEALTH DEPARTMENT
P.O. BOX 323
VERNON, IN 47282-0323
PHONE: 812-352-3024
EMAIL: jcclerk@localhealth.in.gov

WARNING: False application, alters
Counterfeits, or mutilates an Indiana
Certificate is a misdemeanor offense
According to Indiana State Code
I.C. 16-37-1-12.

ALSO

P.L. 94-1988 requires showing at
least one form of identification
before a certified copy is issued.

All requests by mail must be Notarized

APPLICATION FOR SEARCH AND CERTIFIED COPY OF DEATH RECORD.
PLEASE COMPLETE ALL ITEMS BELOW.

FULL NAME AT DEATH: _____

COULD THIS DEATH BE RECORDED UNDER ANY OTHER NAME?

IF YES, PLEASE GIVE NAME: _____

PLACE OF DEATH: CITY: _____ COUNTY: _____

DATE OF DEATH: _____

FULL NAME OF FATHER: _____

FULL MAIDEN NAME OF MOTHER: _____

PURPOSE FOR WHICH RECORD IS TO BE USED: _____

YOUR RELATIONSHIP TO PERSON WHOSE DEATH RECORD IS REQUESTED: _____

SIGNATURE OF APPLICANT: _____

MAILING ADDRESS: _____

CITY: _____ STATE & ZIP: _____

TELEPHONE: _____ DATE: _____

Notary Signature: _____ Print: _____

State of: _____ Commission Expires: _____

County Of: _____